

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3 and 4.

Officeholder, Candidate Controlled Committee
 State Candidate Election Committee
 Recall
(Also Complete Part 5)

General Purpose Committee
 Sponsored
 Small Contributor Committee
 Political Party/Central Committee

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Alice Patino for City Council

I.D. NUMBER

1227669

Treasurer(s)

NAME OF TREASURER

Tom Martinez
MAILING ADDRESS

2624 Airpark Drive
CITY

Santa Maria, CA 93455
STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

Trent Benedetti
MAILING ADDRESS

2151 S College Drive, Suite 101
CITY

Santa Maria, CA 93455
OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and correct, under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 17-09

Executed on _____ Date _____

Executed on _____ Date _____

Executed on _____ Date _____

FILED Date stamp
CALIFORNIA FORM **460** COVER PAGE

Statement covers period from <u>07/01/2008</u>	Date of election if applicable (Month, Day, Year) <u>JAN 27 2009</u>
through <u>12/31/2008</u>	05/01/2010
CITY <u>OF SANTA MARIA</u> BY: <u>City Clerk</u> <small>For Official Use Only</small>	
2. Type of Statement: <p><input type="checkbox"/> Preelection Statement <input checked="" type="checkbox"/> Semi-annual Statement <input type="checkbox"/> Termination Statement <small>(Also file a Form 410 Termination)</small></p> <p><input type="checkbox"/> Amendment (Explain below)</p> <p><input type="checkbox"/> Quarterly Statement <input type="checkbox"/> Special Odd-Year Report <input type="checkbox"/> Supplemental Preselection Statement - Attach Form 495</p>	

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

Page 2 of 4

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Alice Patino

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member
City of Santa Maria

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)

2624 Airpark Drive
Santa Maria, CA 93455

CITY

STATE

ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

NAME OF COMMITTEE

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

YES

NO

CITY

STREET ADDRESS (NO P.O. BOX)

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF COMMITTEE

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

YES

NO

NAME OF COMMITTEE

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

SUPPORT
 OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alice Patino for City Council

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period from <u>07/01/2008</u>	CALIFORNIA FORM 460	SUMMARY PAGE
through <u>12/31/2008</u>	Page <u>3</u> of <u>4</u>	I.D. NUMBER <u>1227669</u>

Contributions Received

Column A (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	General Elections
1. Monetary Contributions	\$ <u>0.00</u>	1/1 through 6/30
2. Loans Received	\$ <u>0.00</u>	7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS	\$ <u>0.00</u>	
4. Nonmonetary Contributions	\$ <u>0.00</u>	
5. TOTAL CONTRIBUTIONS RECEIVED	\$ <u>0.00</u>	

Expenditures Made

Column A (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	General Elections
6. Payments Made	\$ <u>0.00</u>	20. Contributions Received \$ <u>0.00</u>
7. Loans Made	\$ <u>0.00</u>	21. Expenditures Made \$ <u>0.00</u>
8. SUBTOTAL CASH PAYMENTS	\$ <u>0.00</u>	
9. Accrued Expenses (Unpaid Bills)	\$ <u>137.50</u>	
10. Nonmonetary Adjustment	\$ <u>0.00</u>	
11. TOTAL EXPENDITURES MADE	\$ <u>137.50</u>	

Current Cash Statement

12. Beginning Cash Balance	\$ <u>2,820.80</u>	Expenditure Limit Summary for State Candidates
13. Cash Receipts	\$ <u>0.00</u>	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
14. Miscellaneous Increases to Cash	\$ <u>0.00</u>	Date of Election (mm/dd/yy)
15. Cash Payments	\$ <u>0.00</u>	Total to Date
16. ENDING CASH BALANCE	\$ <u>137.50</u>	\$ <u>2,683.30</u>

If this is a termination statement, Line 16 must be zero.

Cash Equivalents and Outstanding Debts

18. Cash Equivalents

See instructions on reverse
Schedule B, Part 2 \$ 0.00

19. Outstanding Debts

Add Line 2 + Line 9 in Column B above
\$ 0.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

Schedule E
Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Alice Patino for City Council

Statement covers period		CALIFORNIA FORM	
from	07/01/2008	Page	4 of 4
through	12/31/2008	I.D. NUMBER	
		1227669	

SCHEDULE E
460

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

C&P	campaign paraphernalia/mis.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
LEG	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LT	legal defense	PRO	professional services (legal, accounting)
	campaign literature and mailings	PRT	print ads

NAME AND ADDRESS OF PAYEE
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Benedetti & Associates, CPA, Inc		PRO			79.50
2151 S College Drive, Suite 101 Santa Maria, CA 93455					
Benedetti & Associates, CPA, Inc		PRO			58.00
2151 S College Drive, Suite 101 Santa Maria, CA 93455					

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary
SUBTOTAL \$ 137.50

1. Itemized payments made this period. (Include all Schedule E subtotals.)
2. Unitemized payments made this period of under \$100
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

TOTAL \$ 137.50